APPLICATION GUIDANCE
FOR
COOPERATIVE AGREEMENT

The National Fetal and Infant Mortality Review Resource Center

CFDA# 93.926H

APPLICATION DUE DATE: April 10, 2000

ANTICIPATED DATE OF AWARD: July 1, 2000

Division of Perinatal Systems and Women's Health
Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services

Electronic Access

Application guidance for MCHB programs is available on the MCHB Homepage via World Wide Web at:http://www.mchb.hrsa.gov. Click on the file format you desire, either WordPerfect 6.1 or Adobe Acrobat (The Adobe Acrobat Reader also is available for download on the MCHB Homepage). If you have difficulty accessing the MCHB Homepage via the World Wide Web and need technical assistance, please contact the ***Information Technology Branch at (301)443-8989 or webmaster@psc.gov.***

NOTE: This document is not a complete kit. The necessary forms are enclosed with this document. Read this entire document carefully before starting to prepare an application.

{ This Page Intentionally Left Blank }

TABLE OF CONTENTS

PREFACE

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), a leader in protecting the health of our Nation's mothers and their children, is an outgrowth of the Children's Bureau, founded in 1912. For close to 90 years, MCHB or its predecessor has worked towards improving the health and welfare of mothers, infants, children, and youth, and supported a variety of programs, including:

- Family planning and counseling
- Well-child clinics
- Immunizations
- Lead poisoning prevention
- Services for low-income and minority women and children
- Community-based, family-centered services for children with special health care needs
- National or regional projects, as follows:
  - Research
  - Training
  - Hemophilia diagnosis and treatment
  - Genetic screening, counseling, and referral
  - Maternal and child special health improvement projects
  - Ryan White Title IV HIV Program for Children, Youth, Women and Families
  - Emergency medical services for children
  - Infant mortality reduction projects

The MCHB administers national programs on perinatal and women's health with an emphasis on infant mortality reduction. These programs include the Title V Maternal and Child Health Services Block Grant and the Healthy Start Initiative (HSI). The Title V Maternal and Child Health Services Block Grant encompasses a national program of block grants to states to assure mothers (women of childbearing age) and children, especially those with low income or limited availability of health services, access to quality maternal and child health services. The MCHB also sponsors a program of Special Projects of Regional and National Significance (SPRANS) and a program of Community Integrated Service Systems (CISS) to improve the health of the Nation's families and children. The HSI focuses on the need to strengthen and enhance community systems of maternal and infant care and challenges communities to fully address the medical, behavioral and psychosocial needs of women and infants to ensure that all infants have a healthy start in life. The HSI centers on: (1) the provision of community-based, culturally competent, family-centered, comprehensive perinatal services to women, infants and their families in communities with extremely high rates of infant mortality; and (2) the integration of these services into existing perinatal systems of care. Under Title V, MCHB provides a national focus for leadership in and coordination of Federal, State, local and non-government efforts to

promote healthy births and to define the health problems of women of childbearing age and to explore the impact of the mother's health on other family members. This focus has recently been expanded to explore more directly aspects of women's health within maternal and child health. Specifically, this is accomplished through the development and implementation of initiatives that focus on the role of women's health beyond pregnancy-related issues, to include comprehensive preventive services, e.g., pregnancy prevention, domestic violence, sexually transmitted diseases and HIV prevention, nutrition counseling, smoking cessation programs, and programs to promote positive health behaviors.

In addition, MCHB provides funds through many other vehicles, including research grants designed to broaden the maternal and child health knowledge base for maternal and child health programs or programs for children with special health care needs, training grants that focus on providing leadership training within the various health professions for the provision of comprehensive health care to mothers and children, and skills enhancement of State and local maternal and child health personnel.

All of the MCHB-supported services or projects have as their goals, the development of (1) more effective ways to coordinate and implement existing and new systems of care; (2) leadership for maternal and child health programs throughout the United States; (3) innovative outreach techniques that can identify and deliver appropriate care and preventive education to at-risk populations; (4) a body of knowledge that can be utilized by any part of the maternal and child health community; and (5) significant, fundamental improvement in the lives and health of our Nation's mothers and their children.

This guidance document addresses the specific requirements for development of cooperative agreement applications for The National Fetal and Infant Mortality Review Resource Center. This cooperative agreement is funded under Section 301 of the Public Health Service Act (42 U.S. Code 300ff-11 et seq.).

CHAPTER 1 INTRODUCTION

1.1 Program Goal and Background

The goal of this cooperative agreement is to improve perinatal and women's health services and systems and, ultimately, the health status of women and infants, through promotion and support of Fetal and Infant Mortality Review (FIMR). FIMR is a community-based action process aimed at guiding communities to identify and solve problems contributing to poor reproductive outcomes and infant health. Specifically, using infant death as a sentinel event, FIMR is a systematic examination of factors that play a role in death, integrating information about the health of individuals with information descriptive of medical care and community health and social/welfare systems. Information from these reviews is then used to focus planning and policy development, and to enhance efforts to develop and maintain quality programs for women and children. The FIMR process enhances the ability of State and local health departments to carry out the core public health functions of assessment, policy development, and quality assurance. The process includes a home interview to provide a family perspective and offers insight into disparities in care that can lead to disparities in perinatal outcomes.

Over the past decade, FIMR and other maternal and child health mortality reviews such as Child Fatality Review and Maternal Mortality Review have been used as part of a systems or continuous quality improvement approach in MCH programming at the State level. Systems-based findings from mortality reviews when combined with population-based MCH information can provide a rich data source for guiding policy development that is family-centered and culturally competent. Additionally, the FIMR process has the potential to be adapted for use in examining and guiding policy related to other adverse events affecting maternal and child health.

Beginning in the 1980's and extending to the present, the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration has supported the development, implementation and improvement of the Fetal and Infant Mortality Review process. This support initially took the form of demonstration grants to communities with some targeted technical support provided. Over time the support was expanded and became vested in a national program that included a national resource center. This national program has provided technical assistance to States and communities, worked with MCHB and other MCH partners to refine the FIMR methodology, examined the impact of FIMR on community planning and programming, marketed the approach to the health community and the private sector, and examined the feasibility of expanding the process to other types of mortality/morbidity reviews related to the MCH population.

1.2 Program Purpose

The purpose of this cooperative agreement is to support and expand the functions of a national FIMR resource center. Specifically, this cooperative agreement will:

1) continue and expand technical support to States, particularly State Title V agencies, and communities, including Healthy Start sites, as they develop, implement and sustain FIMR as a community-based process that can assess and improve services and systems for women and children; and

2) refine the methodology through continuous assessment of trends, state of the field, and feedback from States and communities; and

3) continue to support expanded use of the process to address other adverse events affecting the MCH population.

The resource center will be responsible for working with the Maternal and Child Health Bureau (MCHB) to promote the FIMR process, provide assistance to States and communities setting up and/or sustaining the process, share pertinent information among communities and States, develop refinements and new approaches to the FIMR process to make it more responsive, efficient and effective, and expand the use of this community problem-solving technique to other mortality and morbidity events impacting the MCH population.

1.3 Maternal and Child Health Bureau Statements

1.3.1 Healthy People 2010

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a HRSA-led national activity for setting priority areas. The Division of Perinatal Systems and Women's Health addresses issues that relate to the Healthy People 2010 objectives on perinatal and women's health Potential applicants may obtain a copy of Healthy People 2010 through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone: 202-512-1800).

1.3.2 Smoke-Free Environment

The Maternal and Child Health Bureau strongly encourages all grant recipients to

provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the *Pro-Children Act of 1994*, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

1.3.3 Electronic Access

Application guidance for MCHB programs is available on the MCHB Homepage via World Wide Web at: http://www.mchb.hrsa.gov. Click on the file format you desire, either WordPerfect 6.1 or Adobe Acrobat (The Adobe Acrobat Reader also is available for download on the MCHB Homepage). If you have difficulty accessing the MCHB Homepage via the World Wide Web and need technical assistance, please contact ***the Information Technology Branch at (301)443-8989 or webmaster@psc.gov.***

1.3.4 Special Concerns

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children, and youth from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs. **In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project.** The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under represented groups is supported through programs and projects sponsored by the MCHB.

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long term commitment and is achieved over time.

1.3.5 Evaluation Protocol

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of MCHB/HRSA investments. Consequently, all MCHB discretionary grant projects are expected to incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the stated goals. The measurement of progress toward goals should focus on systems, health and performance indicators, rather than solely on intermediate process measures.

The protocol should be based on a clear rationale relating to the identified needs of the target population with grant activities, project goals, and evaluation measures.

A project lacking a complete well-conceived evaluation protocol may not be funded.

CHAPTER 2 APPLICATION PROCESS

2.1 Who Can Apply for Funds

2.1.1 Eligible Applicants

Authorizing legislation and governing programmatic regulations specify eligibility for individual grant programs. For the purposes of this competition, all public or nonprofit organizations, institutions, governments and their agencies are eligible to apply for this cooperative agreement.

2.1.2 Funding Preference

For purposes of this competition, preference will be given to national organizations with experience and expertise in the provision of FIMR training and technical assistance of a national scope and with an existing infrastructure capable of responding to requests for technical assistance, technology transfer and information exchange from States and communities that are developing, coordinating and/or sustaining FIMRs.

2.2 Funding and Application Details

A total of $400,000 is available to fund up to one cooperative agreement with an award up to $400,000 (including indirect costs) for the first year. Pending availability of funds and adequate progress, project periods for the this cooperative agreement will be for five years, starting July 1, 2000 and concluding on June 30, 2005. The first budget period will be for one year, July 1, 2000 to June 30, 2001. The submission of a separate budget page is required for each of the five budget years requested in the application.

Please note that grant funds may only be used to supplement and not supplant other federal and non-federal funds that would otherwise be made available for the project. Grant funds may not be used to replace and reapply other funds elsewhere.

2.2.1 Official Application Kit

Application guidance documents for MCHB programs is available on the MCHB Homepage via World Wide Web at: http://www.mchb.hrsa.gov. Click on the file format you desire, either WordPerfect or Adobe Acrobat (The Adobe Acrobat Reader also is available for download on the MCHB Homepage). If you have difficulty accessing the MCHB Homepage via the World Wide Web and need technical

assistance, please contact the Information Technology Branch (301) 443-8989.

A hard copy of the official grant application kit (Revised PHS Form 5161-1, approved under OMB clearance number 0937-0189) must be obtained from the HRSA Grants Application Center. The Center may be contacted by telephone: 1-877-477-2123; FAX: 703-351-5341; or E-mail: "hrsa.gac@hrsa.gov".

2.2.2 Letter of Intent to Apply

If you intend to submit an application for this competition, please notify the Division of Perinatal Systems and Women's Health of MCHB by **February 28, 2000** by submitting a Letter of Intent (LOI)**.** The LOI should include the following: (1) name of the organization, address, phone number, contact person and their email address; and (2) State and geographic area proposed to be served. Although not required, the LOI has proven to be very useful to prospective applicants in the event MCHB needs to provide additional guidance regarding the grant application. It would also be appreciated if you would notify the MCHB if you should decide *not* to apply, once you have already submitted an LOI. Send your Letter of Intent to Ellen Hutchins, ScD using one of the following communication methods:

Fax	(301) 594-0186
E-Mail:	ehutchins@hrsa.gov
Mail:	Perinatal and Women's Health Branch Division of Perinatal Systems and Women's Health, MCHB Attn: Ellen Hutchins Parklawn Building, Rm. 11A-05, 5600 Fishers Lane Rockville, Maryland 20857

2.2.3 Application Due Date

The application deadline date is **April 10, 2000**. Applications will be considered as having met the deadline if they are: (1) received on or before the deadline date, or (2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. No extension of the due date will be granted. (Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.) Applicants may contact the HRSA Grants Application Center if confirmation of their application's receipt by the Center is desired.

2.2.4 Mailing Address

All applications should be mailed or delivered to:

HRSA Grants Application Center/CFDA #93.926H
ATTN: Curtis Colston, Grants Management Specialist
1815 N. Fort Myer Drive
Suite 300
Arlington, VA 22209
Telephone: 1-877-477-2123

Applications sent to any address other than the above are subject to being returned without further consideration.

2.2.5 Copies Required

Applicants are required to submit one ink-signed original and two copies of the completed application. In addition to the original copy of the Abstract in the application, send a second paper copy and a disk copy of the Abstract in a separate envelope that is included with the grant application. Please indicate the type of software and operating system used (e.g., Word Perfect for Windows or MacIntosh, Word for Windows or MacIntosh) on the envelope and/or disk label.

2.2.6 Applicant Assistance

Applicants may obtain additional information, after reviewing the grant guidance, regarding logistic, administrative, or fiscal issues related to the grant process by contacting:

Curtis Colston, Grants Management Specialist
Maternal and Child Health Bureau, HRSA
Parklawn Building, Room 18-12
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-3438

Applicants may obtain additional information relating to technical and programmatic issues from Ellen Hutchins, Division of Perinatal Systems and Women's Health, at

(301) 443-9534.

{ This Page Intentionally Left Blank }

CHAPTER 3 REVIEW CRITERIA AND PROCESS

3.1 Review Criteria and Process

To be considered for funding under this competition, applicants must be able to:

' identify themselves as a national organization;

' demonstrate experience and capability in the provision of FIMR training and technical assistance of a national scope; and

' demonstrate existing capacity and infrastructure to support a national resource center that can effectively respond to requests for technical assistance and facilitate technology transfer and information exchange among States and communities that are developing, coordinating, and/or sustaining FIMRs.

Failure to address all of the above program requirements may result in a disapproval of the application.

The review process for applications submitted under this competitive grant process will involve review by an Objective Review Committee (ORC) composed of multidisciplinary experts. The ORC will evaluate all eligible applications using weighted review factors and related criteria (See *Requirements for Project Narrative)*. The evaluation of each application will be based exclusively on the quality and responsiveness of the application to each required section of the project narrative (e.g. Factor I through V) and the programmatic-specific requirements. Each application will be rated on the basis of the following criteria:

Factor I (Weight 10%): Knowledge and Understanding of the Issues

Factor II (Weight 25%): Soundness and adequacy of project plan

Factor III (Weight 20%): Soundness of evaluation plan

Factor IV (Weight 35%): Applicant's capability and capacity

Factor V (Weight 10%): Appropriateness of budget

3.2 Program Requirements of the Grantee

In pursuing the mission of the Maternal and Child Health Bureau, the ultimate intent of this cooperative agreement is to assure improved health status for all women and infants through improved perinatal and women's health services and systems. Specifically, the cooperative agreement seeks to support a national resource center that 1) continues and expands technical support to States, particularly State Title V agencies, and communities, including Healthy Start sites, as they develop, implement and sustain FIMR as a community-based process that can assess and improve services and systems for women and children; and 2) refines the methodology through continuous assessment of trends, state of the field, and feedback from States and communities; and 3) continues to promote expanded use of the process to address other adverse events affecting the MCH population.

Program requirements of the recipient of the Cooperative Agreement for a national FIMR resource center include:

1. *Promotion and support of FIMR activities at the State and community level by:*

   - Maintaining a collection of information on related issues and methods as well as materials developed by community FIMR programs and other organizations involved in FIMR. Analyze such information and materials to determine value to communities considering the development of a FIMR program.

   - Revising or developing new technical and promotional materials and disseminating nationally in support of community FIMR programs and their State MCH programs.

   - Educating national public and private organizations and facilitating development of a national consortium that supports/promotes the FIMR process.

   - Marketing the FIMR process and use of the national FIMR resource center to States and communities, including Healthy Start projects.

   - Implementing strategies to involve State policy makers, particularly State Title V agencies, in the FIMR process.

- Implementing strategies to involve local policy makers, both public and private, in the FIMR process.

- Facilitating the development of a national network of FIMR technical assistance consultants for States and communities and act as a broker in linking the parties together.

2. *Refinements in the FIMR methodology by:*

- Developing a mechanism(s) to solicit on-going feedback from States and communities on strengths, weaknesses, successes and challenges in implementing the FIMR methodology.

- Continuously assessing MCH trends and state of the field and their relevance to the FIMR process.

- Providing technical assistance to find solutions to problems with the methodology.

- Developing refinements that are responsive to the feedback.

- Utilizing multiple dissemination methods to share refinements with States and communities.

3. *Expansion of the FIMR process to include a broader range of populations and content issues by:*

- Continuing to identifying commonalities and potential for coordinating and/or combining certain aspects of review processes that address fatal events in the MCH population, such as maternal mortality review, child death reviews and SIDS deaths follow-up.

- Investigating the use of the FIMR technique in the analysis of other events affecting the health of the MCH population that may result in morbidity but not necessarily mortality, e.g., low immunization rates, childhood injury, domestic violence.

- Determining what modifications of the FIMR process would be necessary to broaden its usage to other mortality/morbidity review.

- Working with other stakeholders to develop and implement modifications to allow a more coherent approach to addressing community mortality and morbidity.

3.3 Obligations of the Maternal and Child Health Bureau

MCHB responsibilities under the cooperative agreement shall include the routine monitoring and technical assistance functions that are provided under grants and, in addition, the following:

- Provision of services of experienced Federal personnel as participants in the planning and development of all phases of this activity;
- Participation, as appropriate, in meetings conducted during the period of the Cooperative Agreement;
- On-going review and final authorization/approval of all activities and procedures to be established and implemented for accomplishing the scope of work;
- Participation in the preparation and final approval of project information prior to dissemination;
- Participation in disseminating information on project activities; and
- Assistance and referral with the establishment of contacts with Federal and State agencies, MCHB grant projects, and other contacts that may be relevant to the project's mission.

CHAPTER 4 REQUIREMENTS FOR ABSTRACT AND PROJECT NARRATIVE

4.1 Project Abstract

4.1.1 Abstract or Summary of Project Narrative

Applicants should prepare a two to four page Project Abstract summarizing their proposed project according to the outline provided in Appendices A. This summary of project narrative (i.e., Project Abstract) will be published in the MCHB's annual publication entitled Abstract of Active Projects. This publication, which includes summaries of all MCHB-funded projects, is updated annually and is an important mechanism for dissemination of information about MCHB-funded projects. This publication is widely distributed to MCHB grantees, State Title V programs, academic institutions, and governmental agencies.

4.1.2 Text of Annotation

Prepare a three to five sentence description of the project that identifies the main purpose of the project and the gaps in the care system that it will address, the primary goals and objectives of the project, the activities to attain these goals, and the intended products and outcomes.

4.1.3 Key Words

Key words are the terms under which the project will be listed in the subject index of the MCHB Abstract of Active Projects. Identify the most significant terms that best describe the project, including the population served. Appendix B provides a sample of common keywords for MCHB-supported programs.

See Appendix A for further discussion of the proper format for the Project Abstract and Appendix C for a sample Project Abstract.

4.2 Project Narrative

The narrative must not exceed **40** pages. The content requirements for the Project Narrative portion of the application are divided into five sections and described below within each Factor, I through V. Applicants must pay particular attention to structuring the narrative to respond clearly and fully to each review Factor and associated criteria. The narrative must incorporate the headings (e.g., Factor II: Soundness and Adequacy of Project Plan) and subheadings (e.g.,

Goals and Objectives) as they appear below. The applicant may also choose to follow the same numerical label (e.g., 4.2.1) identified below to facilitate the review by the ORC. For each heading/subheading, the review factor and associated criteria will be stated, followed by instructions for the applicant that outline the minimal information required by the factor/criteria. [Note: The response to Factor V should be presented within the Budget and Budget Justification sections of your application and will not be presented sequentially in your Project Narrative after Factors I through IV.]

4.2.1 Factor I. (Weight 10%): Knowledge and Understanding of the Issues:

Demonstrate a thorough understanding of the FIMR process, its role in improving the health of women and infants, and the factors that contribute to the successful implementation as related to the purpose and requirements of a national resource center supported by this cooperative agreement. Identify issues of concern to and needs of State and local communities in implementing and sustaining FIMR.

4.2.2 Factor II. (Weight 25%): Soundness and Adequacy of Project Plan:

Project Goals and Objectives: Identify the national resource center's goals and the corresponding time-framed, measurable (e.g. quantified) objectives and activities to achieve these goals. Goals and objectives must be appropriate in relation to the specific nature of the resource center, the specified MCHB program requirements, and the special concerns listed in this guidance.

Methodology: In addition to the goals, objectives and activities listed above, describe the resource center's plan (e.g., methodology) and its relation to the goals and objectives and each of the program requirements listed in Chapter 3 of this guidance. This section should describe the quality, feasibility, appropriateness and technical soundness of the plan.

4.2.3 Factor III (Weight 20%): Soundness of Evaluation Plan:

Monitoring and Evaluation Plan: Describe the plan for evaluating the process and outcomes of the resource center, including the measures of performance that will be used to gauge progress and success. Describe the process to identify and track key activities related to the achievement of goals and objectives and that comply with MCHB's evaluation protocol for discretionary grants and cooperative agreements. In particular, describe how effectiveness of activities, expansion and refinement of the

FIMR methodology, and contribution to the field of maternal and child health, including State Title V and Health Start programs, will be evaluated.

4.2.4 Factor IV (Weight 35%): Applicant's Capability and Capacity:

Capability: Describe your organization's experience and expertise in directing the activities of a national resource center, particularly providing training and technical assistance to States and communities on FIMR, and working cooperatively with the MCHB, its grantees (e.g., State Title V agencies, Healthy Start projects) and other MCH organizations to successfully carry out the project.

Capacity: Describe your organizations's capacity and infrastructure to effectively carry out the required functions of a national FIMR resource center.

Staff Capability: Provide evidence that a sufficient number of qualified project personnel and resources are proposed. In the Appendices, include a curricula vitae for each staff member included in the budget. The curriculum vitae should document education and experiences with FIMR that are relevant and necessary for the proposed project. Describe by objective and activity, the allocation of project staff and consultants. A suggested format is presented in Appendix I and should be included in the appendices of your application.

Contribution to MCH: Identify the extent to which the project will contribute to the advancement of maternal and child health.

4.2.5 Factor V (Weight 10%): Appropriateness of Budget:

[Note: The response to Factor V should be presented within the Budget and Budget Justification sections of your application and will not be presented sequentially in your Project Narrative after Factors I through IV.]

Budget Summary: The ORC will rate the reasonableness of the budget and its consistency with proposed activities for **each budget year** requested for the project period of five years.

Itemized Justification: The ORC will rate the adequacy of the line item budget (SF 424A form) and the coinciding justification to support **each of the five budget years.** A justification for each of the requested items relative to the project plan including person hours for staff, travel items, equipment, contractual services, supplies, and other categories must be provided. Travel cost justification must include who, where, length of time, purpose and associated costs for each trip. Applicants must budget one trip a year for up to two persons for three days to Washington, D.C. Applications submitted without a budget and justification for each budget year requested may not be favorably considered for funding.

Adherence to Budget Requirements: The ORC will rate the extent to which the applicant adheres to budget requirements (e.g., travel to Washington, D.C.; no supplanting of existing funding).

Contractual Services: If contractual services are proposed, the ORC will rate the adequacy of the justification for the contract, its scope, and costs.

APPENDIX A - Abstract: Format And Guidelines

Format:

The abstract, excluding the Text of Annotation, and Key Word List, must NOT EXCEED A FOUR-PAGE description of your project. Format guidelines are as follows:

Margins should be 1 inch at the top, the bottom, and both sides.

- Use a standard (non-proportional) 12 pitch font or typefaces, such as Courier or New Times Roman. Please use plain paper (not letterhead stationary or paper with borders or lines) and avoid "formatting" (do not underline, use bold type or italics, or justify margins).

- Capitalize only the first letter of principle words when filling in the lines at the top of the form. Be sure to include the area code with the telephone number, and the full mailing address (including street and/or P.O. Box) with the zip code.

- Type section headings in all capital letters followed by a colon and two spaces. Begin the narrative immediately after the two spaces. Do not indent paragraphs, but do double-space between them. Sections should be single-spaced.

- In addition to the original copy of the Abstract in the application, send a second copy and a disk copy in a separate envelope with the Grant (See *Chapter 2: Application and Review Process, 2.2.5 Copies Required*). Please indicate the type of software and operating system used (e.g., Word Perfect (IBM or Mac), Word (IBM or Mac), MacWrite) on the envelope and/or disk label.

- Include the following components in your abstract:

Project Identifier Information

Project Title:	List the title as it will appear
Project Number:	Leave blank; Number will be assigned when grant is awarded
Project Director:	The name and degree(s) of the project director as listed on the grant
Contact Person:	The person to be contacted by those seeking information about your project
Applicant Agency:	The organization which is applying for the grant
Address:	The complete mailing address of applicant agency
Phone Number:	Include area code, phone number, and extension if applicable

Fax Number:	Include fax number
E-mail Address:	Include electronic mail address
Internet Address:	Include World Wide Website address for applicant agency
Project Period:	Include the entire proposed funding period, not just the one-year budget period

Abstract or Summary of Project Narrative: <u>Use the following format to emphasize</u> the project's uniqueness, creativity and expertise.

PROBLEM:

Briefly describe the statement of need and issues that the resource center is designed to address.

GOALS AND OBJECTIVES:

Identify the major goals and objectives for the 5-year project period that clearly relate to the program requirements and address the special concerns listed in the program guidance. Objectives should be time-framed and measurable.

METHODOLOGY:

Describe the project plan and highlight novel activities which will be used to attain the goals and objectives.

COORDINATION:

Describe the coordination planned with the appropriate State and local health agencies and other organizations that affect or have the potential to affect the FIMR process.

EVALUATION:

Briefly describe the evaluation methods and process/outcome measures which will be used to assess the effectiveness and efficiency of the resource center in attaining its objectives. Methods for data collection and analysis should be clearly defined and incorporate commonly used analytical methods.

Text of Annotation

Prepare a three to five sentence description of the project that identifies the main purpose of the project and the gaps in the care system that it will address, the primary goals and objectives of the project, the activities to attain these goals, and the intended products and outcomes.

Key Words

Key words are the terms under which the project will be listed in the subject index of the MCHB Abstract of Active Projects. Identify the most significant terms that best describe the project, including the population served. Appendix B provides a sample of common keywords for MCHB-supported programs.

APPENDIX B - List of Keywords

A list of keywords used to describe MCHB-funded projects follows. Please choose from this list when selecting terms to classify your project. If no term on this list adequately describes a concept which you would like to convey, please select a term which you think is appropriate and include it in your list of keywords.

Please note that this list is constantly under development; new terms are being added and some terms are being deleted. Also, this list is currently being revised so that it will match more closely the approved list of keywords in the MCH Thesaurus. In the meantime, however, this list can be used to help select keywords to describe MCHB-funded projects.

A

Abuse
Access to Health Care
Adolescent Health Programs
Adolescent Nutrition
Adolescents
Advocacy
African Americans
AIDS
Alaska Natives
Alcohol
American Academy of Family Physicians
American College of Nurse Midwives
American College of Obstetricians and Gynecologists
American Medical Association
American Public Health Association
Asians
Association of Women's Health, Obstetric and Neonatal Nurses

B

Battered Women
Behavior Disorders
Body Composition
Breastfeeding

C

Caregivers
Case Management
Child Abuse
Child Fatality Review
Child Care Centers
Child Care Workers
Chronic Illnesses and Disabilities
Clinics
Cocaine
Co-located Services
Communication Disorders
Community Based Health Education
Community Based Health Services
Community Based Preventive Health
Community Development
Community Health Centers
Community Integrated Service System
Community Partnerships
Compliance
Comprehensive Primary Care
Continuity of Care
Cost Effectiveness
Consumer Participation
Counseling
County Health Agencies
Cultural Diversity
Cultural Sensitivity

D

Decision Making Skills
Depression
Diagnosis
Dispute Resolution
Dissemination
Divorce
Domestic Violence

E

Emotional Health
Employers
Employees

F

Families
Family Centered Health Care
Family Centered Health Education
Family Characteristics
Family Environment

{ This Page Intentionally Left Blank }

APPENDIX C - Sample Abstract

Project Title:	Alcohol Screening Assessment in Pregnancy (ASAP) Project
Project Number:	
Project Director:	Calvin Klein, Ed.D and Norma Komali, Ph.D
Contact Person:	Donna Karan
Applicant Agency:	Northeast Department of Public Health
Address:	250 Truman Street
	Northeast, Somewhere 00000
Phone Number:	000/123-4567
Fax Number:	000/987-6543
E-mail Address:	yourname@state.us
Internet Address:	www.state.us
Project Period:	7/1/99-6/30/02

PROBLEM: In 1995, according to the Northeast Behavioral Risk Factor Surveillance System (BRFSS), one in six pregnant women contacted by phone, responded that they had had an alcoholic beverage during the past month and over 3% of pregnant women reported drinking frequently. The 1995 BRFSS also indicated that 67.2% of women of childbearing age (900,000) reported drinking any alcohol, compared to 51% nationally. This is the second highest rate in the country. Also, 17.4% of these same Northeast women reported drinking frequently, compared to 13% nationally. Therefore, approximately 230,000 women of childbearing age in Northeast drink alcohol frequently. In contrast, according to the Pregnancy Nutrition Surveillance Survey data (PNSS), collected by the Northeast Department of Public Health's Title V funded perinatal programs in 1996, only 10.5% of pregnant women reported drinking any alcohol during the 3 months prior to pregnancy, 2.7% from the date of conception to the first prenatal visit, 1.5% during the last trimester, and 2.3% between the birth and the first postpartum visit. Northeast birth certificate data, using self report information from the mother in the birth hospital during an interview with hospital staff, recounts that, of the close to 80,000 births in 1996, 2.7% of birth mothers reported drinking alcohol during pregnancy.

The fact that the BRFSS (over the telephone) data reports that the Northeast has such high numbers of child-bearing women drinking alcohol and yet the PNSS data reports (face-to-face interviews) so few pregnant women drinking raises concern with the accuracy of the PNSS reports. It is highly unlikely that in a state in which 17.4% of women of child bearing age report drinking frequently, only 10.5% of pregnant women report drinking at all during three months prior to pregnancy. Prenatal care providers recognize that the information they receive from their clients concerning substance use is inaccurate. These data illustrate further the need for a screening and brief intervention model that does not depend on face-to-face interviewing and that is supported by intensive training and ongoing consultation and assistance to prenatal care providers.

GOALS AND OBJECTIVES: The goals and objectives of the ASAP Project are: 1) To motivate prenatal care providers to routinely screen for alcohol and other drugs. The ASAP Project proposes to first engage 25 prenatal care providers who have personally expressed or who are employed in an

agency which has expressed an interest in the goals of this project to provide information and training concerning the impact of alcohol and drug use in pregnancy within the first 9 months of the first budget year; 2) To establish protocols for the determination and utilization of appropriate interventions. By the end of the first budget year, the ASAP Project proposes to train 2 clinical staff at each site in NIAAA's brief intervention model and to work with the staff to incorporate this model into their existing framework of patient counseling and education; 3) To develop a support system of care to provide ongoing screening and appropriate brief intervention. The ASAP Project will provide ongoing support for 25 providers for problem solving and resource identification that will be easily accessible and available during prenatal care office hours. A 6 month public education/media campaign will be implemented to "normalize" conversations about use of alcohol and other drugs during pregnancy; 4) To strengthen the cross-system linkages for resources. The ASAP Project will coordinate 6 seminars (2 per year) for interaction between providers of prenatal services and substance abuse services; 5) To create practice-based knowledge products for routine screening, intervention and referral. Within the first 6 months of the first budget year, the ASAP Project will develop a training curriculum for prenatal providers on the use of the screening tool, brief intervention and clinical decision tree/protocols to foster the replication of the ASAP model.

METHODOLOGY: The ASAP Project proposes to motivate prenatal care providers to use the 4 P's screening tool embedded into existing paperwork that pregnant women complete themselves while in prenatal care waiting areas. The questionnaire will be reviewed by medical intake staff who will engage in a brief intervention with the pregnant woman based on her responses to the 4 P's. A clinical decision tree/protocol will be developed with input from the providers that will facilitate clinician decision-making during the brief intervention. Clinicians will have direct access to educational materials about alcohol and other drug use during pregnancy as well as referral resources, should the client want to participate in a substance abuse assessment, or should a referral to treatment be appropriate. Materials will be available in English, Spanish and Khmer.

Prenatal care staff will be supported through training that focuses on effects of maternal alcohol and other drug use, documented success of brief interventions within the medical office setting on alcohol and other drug use, and availability and access to substance abuse assessment and treatment resources. Training will be provided by two physicians with expertise in training and utilizing the project's screening and brief intervention protocols and by ASAP Project staff. Ongoing support, referral and consultation will be provided to staff as they implement the screening, counseling and referring protocols. Staff will have access to immediate support over the telephone or in person.

The ASAP Project will initiate a statewide public education/media campaign that will include expansion of the distribution of an existing outreach tool, developed through consumer focus groups, advertising the statewide substance abuse prevention and treatment BSAS-funded Helpline. In addition, a distribution of educational materials through existing maternal and child health programs as well as Medicaid will be part of the project activities.

The prenatal care providers for the first year of the ASAP Project include four community health centers and one private practice. These sites are located in East, Central and North Regions. The

population served by these sites is very diverse ethnically, racially, economically and by age. During the second year, the ASAP Project will work with University Vanguard, one of the largest and oldest health maintenance organizations in Northeast. The University Vanguard serves the metro-Northeast area. The third year will include additional community health centers and health maintenance organizations, which have already expressed interest in participating.

COORDINATION: The ASAP Project is a result of many years of collaborative efforts between IHR and NEDPH Bureau of Family and Community Health and Bureau of Substance Abuse Services. IHR's primary goal is to promote collaboration through linkages and affiliations, particularly between agencies and service delivery systems which may not traditionally be expected to work together. Each goal of the project involves an integration of the substance abuse and MCH systems; coordination will happen at several levels. At each demonstration site, a point person will be identified to coordinate all ASAP Project activities, including the evaluation by HAR. The PCIF and Project Coordinator will tailor the screening instrument and intervention protocol with provider and office staff to assure the smooth integration of this model. Coordination of trainers, training content and meeting logistics will be done by IHR. IHR will also work with BSAS and targeted substance abuse programs to promote interaction with perinatal providers and to arrange cross training. Within the Department of Public Health, staff from the BFCH and BSAS also have discrete roles within the project. The Project Coordinator meets frequently with the BSAS Coordinator of Women's Services.

EVALUATION: Evaluation will be conducted by Health and Addiction Research, Inc., a research evaluation firm with a long-standing relationship with both NEDPH and IHR. Evaluation will focus on seven primary questions: 1) Can a brief screening tool such as the 4 P's be successfully integrated into the providers' routine practice? 2) Will clinicians deliver an immediate, brief intervention, when appropriate to women during routine prenatal visits? 3) Can an effective clinical protocol and decision tree be developed for clinicians to use in prenatal care settings? 4) Will technical assistance and ongoing consultation delivered by the project team facilitate this effort? 5) Does a public media education and campaign improve detection of substance abuse problems among pregnant women? 6) Will project-developed information and products reach target populations? 7) Will this project improve reporting for the state's data collection efforts? A variety of materials and methods will be utilized including Meeting Evaluation Forms, Training Evaluation Forms, and a Start-up Implementation Questionnaire. Other data collection efforts include: a Biannual Implementation Survey; Chart Reviews; Case Manager logs; Public Education Campaign Evaluation, including referrals to the Helpline; and information extracted from Perinatal Primary Care Programs' case records statewide.

TEXT OF ANNOTATION: The ASAP Project will motivate prenatal care providers to routinely screen for alcohol and other drug use during pregnancy. Strategies include: training, ongoing consultation, a clinical decision tree/protocol, a self-administered screening tool, a brief intervention counseling model, a public education media campaign, and knowledge product development.

KEY WORDS: Alcohol; Case Management; Cocaine; Community Based Health Services; Community Health Centers; Community Integrated Service System; Comprehensive Primary Care; Continuity of Care; Dissemination; Fetal Alcohol Effects; Fetal Alcohol Syndrome; Health Education;

Health Maintenance Organizations; Health Professionals; Interagency Cooperation; Low Birthweight; Marijuana; Nurse Midwives; Nurses; Obstetricians; Perinatal Health; Pregnant Women; Prenatal Care; Prenatal Screening; Preterm Birth; Preventive Health Care; Provider Participation; Public Health Education; Referrals;; Screening; Standards of Care; State Programs; State Systems Development Initiatives; Substance Abuse; Substance Abuse Prevention; Substance Abuse Treatment; Substance Abusing Mothers; Substance Abusing Pregnant Women; Substance Exposed Infants; Title V Programs; WIC

APPENDIX D - Guidelines for Budget and Budget Justification

General:

In addition to the enclosed "DHHS - PHS Grant Application, Form PHS 5161-1" (Instructions) and the general information presented in the section 4.2.5 entitled *Factor V: Appropriateness of Budget* of this guidance, the following specific instructions are provided to assist applicants in preparing their budget proposal and budget justifications. To streamline the grants process, HRSA/MCHB is requesting multi-year budget submissions. Funding for each year of the five year project period is based upon the availability of funds and satisfactory programmatic progress. The submitted budget for the second and subsequent years of the project period can be estimations.

The budget justification requires the applicant to show how specific line items support the project. All costs in each submitted budget should be reasonable, necessary and consistent with the project's proposed models, objectives and activities. Because of its anticipated length, the narrative Budget Justification will not be counted toward the page limit of the application, but should be placed in front of the abstract and have **sequentially numbered** pages.

Project Period and Budget Period Specifications:

Multi-year budgets are required from all applicants; the program-specific details are provided below.

"Project Period: The total time for which support of a discretionary project has been programmatically approved. A project period may consist of one or more budget periods. The total project period comprises the original project period and any extensions."

"Budget Period: The interval of time (usually 12 months) into which the project period is divided for budgetary and funding purposes."

(Ref.: PHS Grants Policy Statement, April 1, 1994, pp. 2-3 and 2-1)

Funding Utilization and Budgeting Requirements:

Funds may only be used to supplement and not supplant other Federal and non-Federal funds that would otherwise be made available for the project.

Shared Staffing: Applicants proposing to utilize the same director or contractual staff across multiple grants (e.g.CISS, HSI, State Title V block grant) should assure that the combined funding for each position does not exceed 100% FTE. If such an irregularity is found, funding will be reduced accordingly.

Object Class Categories

(Line 6): The following PHS Instructions for Form 424A, "Section B - Budget Categories, (line) 6. Object Class Categories" are defined as follows.

Personnel

The salaries and wages of only those project staff directly employed by the grantee agency should be reflected in this object class category. The total costs (including local travel) for those project staff hired by the grantee agency as consultants or through individual or agency contracts should be itemized under the appropriate object class category, "Consultant Costs" (see Item 3 below) or "Contractual" (see Item 10 below).

For all grantee agency staff involved in the project, list each position with annual salary level and percentage of full time equivalency (FTE) on the SF 424A Supplement - Key Personnel Form found in Appendix E. In listing the positions on this form, provide the name and degrees (as appropriate) of the incumbent if the position is filled (e.g., John Doe, MSW), and vacant, (e.g., "vacant - PHN") if the position is new or not filled as of the date of application submission. If the project has multiple employees in both the same position and same % FTE (e.g., full-time outreach workers), enter the number of positions filled on one line and the number of positions vacant on the subsequent line (e.g., line 1: 10 outreach workers [7.5 FTE] filled...., line 2: 5 outreach workers [3.75 FTE] vacant...)

The Budget Justification narrative should include a succinct description of the specific role and activities of each position funded by the proposed project. Position descriptions, along with two page curricula vitae for all key staff positions (i.e. Project Directors, Project Coordinators, etc.) for which grant support is requested, must be included unless these have been submitted previously.

Fringe Benefits

Costs should be calculated using the grantee agency's formally established policy. The Budget Justification narrative should indicate the numerical rate used by the grantee agency.

Travel

This category should be divided into local and out of area/long distance travel costs for grantee agency staff only; travel costs for consultants or contractors should be included

in those corresponding lines (i.e., 'consultant', 'contractual'). For each proposed long distance trip, the budget justification must provide the trip's purpose and destination, and the estimated unit cost for: a) transportation, b) rate of per diem (meals and lodging), and c) the number of persons and duration of travel.

Each project should include budget estimates for up to two persons to travel round-trip to the Washington, D.C. area for up to three days duration per year to attend a grantee or other related meeting/conference.

Equipment:

Any durable good having a unit cost in excess of $5,000 is considered equipment. In the budget justification, describe the equipment by individual item, unit cost, quantity, and physical location of proposed equipment (e.g., grantee, subcontractor).

Supplies

A guideline of $500 per full-time project employee per year can be used to estimate the cost for office supplies. For other supplies, describe types and costs (e.g., public information materials, computer items under $5,000 unit cost, and supplies).

Contractual

A budget for each contractor or sub-contractor, prepared and justified using these same instructions (including indirect costs), should be included in line 6-f, 'Contractual'. It must be emphasized that PHS grant regulations permit grantees to use funds for contracts and subcontracts but not for subgrants.

Consultants should also be included in this line item, but they should be listed separately. Detail the hourly rate, and estimated total number of hours needed; the justification should include the type of consultant services needed, and role the consultant(s) will play in the project activities.

Construction (Alterations and Renovations)

Construction will not be an allowable cost; however, for alterations and renovations refer to PHS Grants Policy Statement, (April 1, 1994) pp. 7-2, -3, and -4 for guidelines.

Other

Describe each item with itemized associated costs.

Total Direct Charges

Total all line item costs of the categories above.

Indirect Charges

For Indirect Costs, see Instructions in PHS 5161-1 (dated seven/92), p.21, or, PHS 5161-1, (dated 5/96), p.23. Please note that if indirect costs are requested, the grantee must submit a copy of the latest negotiated rate agreement (on same pages). The indirect costs rate refers to the "Other Sponsored Program/Activities" rate and not the research rate.

APPENDIX E - Supplement to Section F of Form 424a

KEY PERSONNEL

NAME AND POSITION TITLE	ANNUAL SALARY	# of MONTHS BUDGETED	% TIME	TOTAL $ AMOUNT REQUESTED
	(1)	(2)	(3)	(4)
	$		%	$
FRINGE BENEFIT				
(Rate___)			TOTAL	$

{ This Page Intentionally Left Blank }

APPENDIX F - Instructions for Completing the Application

In evaluating the applications, reviewers will use only the information presented in the application to assess the applicant's response to the Review Factors and Criteria. It is essential that the application and responses to the Review Factors and Criteria are clear, complete and adequately supported by necessary data, as appropriate.

Format and Style

This section provides detailed instructions for formatting and organizing the grant application. A clearly written and easy-to-read grant proposal should be the goal of every applicant, since the outcome of the review process depends on information provided in the application narrative. Therefore, MCHB urges all applicants to review their applications for the following:

- Correct grammar, spelling, punctuation, and word usage.

- Consistency in style. Refer to a good style manual, such as The Elements of Style by Professors William Strunk, Jr. and E. B. White, *Words into Type*, *The Chicago Manual of Style,* or GPO's *A Manual of Style.*

- Consistency of references (e.g., in this guidance document the Maternal and Child Health Bureau is called the Maternal and Child Health Bureau or MCHB.)

How to Format the Application

MCHB prefers that the format and style of each application substantially reflect the format and style used in this guidance. To promote readability and consistency in organization, MCHB has established specific conventions for the format of the project narrative, its project abstract, and appendices. Conventions for each are discussed below. Wherever conventions for the individual parts of the grant proposal differ, the parts are discussed separately. Otherwise, the specific convention applies to all parts of the grant proposal.

Table of Contents

A Table of Contents is required. Use the Table of Contents of this Guidance as a formatting and style guide.

Page Headings

The name of the project should appear in the top left corner of each page of the project abstract, project narrative, and appendices as a header.

Margins

The initial left and all right margins should be 1 inch. Top, bottom, and right margins should be 1 inch each.

Headings and Indentations

The section headings used in this document are also to be used in your application. Note also the progressive indentation of each subdivision and sub-subdivision. The initial subheadings only are underlined. This visually distinguishes them from their subordinate subdivision. The latter are indented more than their superiors. This is carried out through the text of the document. This format will allow all users to locate desired text efficiently. In addition, it should assist reviewers in quickly locating text under particular subheadings to facilitate comparisons among competing applications.

Headings

Section headings in all parts of the grant application should be typed flush left in all caps, bold type. Subordinate ranks of subheadings are indented in accordance with their respective ranks.

(1) Project Abstract

Center the words “project abstract” in all caps, bold type, on the first line of the document (if using word-processing software) or 1-1/2 inches from the top of the paper (if typing).

(2) Project Narrative

Center the words “project narrative” and follow the instructions for the project abstract described above.

(3) Appendices

Identify appendices by labeling and titling each appendix. All attachments should be compatible with the suggested format.

Page Limit and Spacing

Note: If applications exceed the limits specified below, they are subject to being returned without review.

(1) Project Abstract

The project abstract may not exceed four pages. Only single-spaced, one-sided pages are acceptable. (See Appendix A and C.)

(2) Project Narrative

The project narrative may not exceed 40 pages. The page limit includes any referenced charts or figures but does not include the project abstract, the budget justification, tables, nor appendices. Only single-spaced (with double-spacing between paragraphs), one-sided pages are acceptable. Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page. They should paginate all charts or figures appearing within the body of the text consecutively with the text.

(3) Appendices

Appendices should include all supporting documentation, such as: (1) organizational chart, position descriptions and curricula vitae; (2) Project Personnel Allocation Table (See Appendix H); and (3) memoranda or letters of agreement and support. Position descriptions and curricula vitae must not exceed two pages each. Centered at the bottom of each page, label each page of the appendix with the Consecutive Uppercase Letter reflecting the appendix section followed by the page number using Consecutive, Arabic numerals (beginning with 1), e.g. A-1, A-2...B-1, etc.

Typeface

Use any easily readable serif typeface, such as Times New Roman, Courier, or New Century Schoolbook.

Type Size

Size of type must be 12-point. Type density must be no more than 15 characters per inch. No more than six lines of type per vertical inch are allowable. Figures, charts, legends, footnotes, etc., may be smaller or more dense, but must be legible.

Page Numbering

(1) Budget

Consecutive, Arabic numerals (beginning with 1) should appear centered at the bottom of each page

(2) Table of Contents

Consecutive, lowercase Roman numerals should appear centered at the bottom of the appropriate page.

How to Organize the Application

You should assemble the application in the order shown below:

- Table of contents for entire application with page numbers
- SF-424 Application for Federal Assistance
- Checklist included with PHS 5161-1 (Application Kit, pages 25-26 of the version revised 5/96; pages 23-24 of the version revised 7/92.)
- SF 424A Budget Information--Non-Construction Programs
- Budget justification (Appendix D)
- Personnel form (Appendix E)
- Federal assurances (SF 424B)
- Project abstract (Appendix A)
- Project narrative
- Appendices (includes Project Personnel Allocation Table)

Copies Required

Applicants are required to submit one ink-signed original and two copies of the completed application. In addition to the original copy of the Abstract in the application, send a second paper copy and a disk copy of the Abstract in a separate envelope that is included with the grant application. Please indicate the type of software and operating system used (e.g., Word Perfect for Windows or MacIntosh, Word for Windows or MacIntosh) on the envelope and/or disk label.

Requirements

To be considered for funding under this competition, applicants must meet **all** of the requirements listed below. If an applicant fails to meet one of these requirements, the application may not be accepted for review and may be returned to the applicant.

- Complete required official application and standard forms and provide budget justification.

- Provide a complete application which addresses all review criteria in a substantive manner in the required format.

Each of these requirements is discussed in detail below.

Overview of Application Form PHS 5161-1 and Related Program Concerns

An official application is composed of seven sections which are described more fully in the formal grant application form entitled PHS Grant Application Form PHS 5161-1 (revised 5/96 or 7/92; use of either revision is acceptable).

- The first section contains information about PHS policies and procedures.

- The second section, SF-424, is the face page and requests basic information about the applicant and project.

- The third section, SF-424A (non-construction) pertains to budget information (see budget narrative, page 23 in 5/96 document or page 21 in 7/92 document).

- The fourth section, SF-424B, concerns assurances and must be signed by an authorized representative of the applicant organization.

- The fifth section concerns Certifications (page 17 in both versions).

- The sixth section concerns the program narrative (page 21 in 5/96 version or page 19 in 7/92 document).

- The last section consists of a checklist which must be included with all applications (pages 25-26 in 5/96 document or pages 23-24 in 7/92 document).

Standard Forms 424C and 424D are not necessary for this application and should be ignored. **Selected portions of the instructions are amplified and highlighted here:**

- The Catalog of Federal Domestic Assistance Number is 93.926H.

- F-424, Item 10, for Program Title, enter the title of the competition.

- SF-424, Item 13, enter the dates for the complete project period (July 1, 2000 - June 30, 2005).

- The following instructions should be used in completing SF-424A:

For each part of SF-424A, Section B budget categories, applicants must submit on supplemental sheet(s) an itemized justification for each individual budget category line (6a-j). Applicants typically identify the specific needs, but often fail to write a justification of those needs. These detailed budget justifications require the applicant to show specific references to the project plan related to how the requested dollar amount was developed. Applicants are not required to submit copies of contracts; however, personnel, scopes of work, budgets, and budget justifications of contracts are required by the Grants Management Branch, MCHB. Appendix D provides additional guidance on budget justification.

The Key Personnel Form

Appendix E may be used as a supplement to the budget narrative. Key personnel can be identified by name (if known), total percent of time and salary required under the grant, and if applicable, amounts provided by in-kind or other sources of funds (including other federal funds) to support the position. The budget justification for personnel must address time commitment and skills required by the project plans. Similar detailed and itemized justifications must be provided for requested travel items, equipment, contractual services, supplies and other categories. Please note that if indirect costs are requested, the applicant must submit a copy of its latest negotiated rate agreement (page 23 of PHS SF 5161-1 revised 5/96 or page 21 of 7/92 revision). The indirect cost rate refers to the "Other Sponsored Programs/Activities" rate and not the research rate.

Project Abstract

A project abstract must be submitted. See *Requirements for Project Narrative, 4.1 Project Abstract* and Appendices A and C.

Complete, Responsive Application

Applicants must submit applications, including line item budgets, that have been developed in accordance with this application guidance. The application and its contents should follow the order of the application guidance. Each review Factor and related criteria should be fully addressed and provide the information requested in a substantive manner.

Preparing the Appendices

Appendices should be brief and supplemental in nature. Refer to the style and format section of this Section for specific conventions to be followed in formatting appendices. A list of appropriate appendices follows, along with the order in which they should be submitted:

Appendix Content

Documentation and description of relationships between the proposed program and affiliated departments, institutions, agencies, or individual providers, and the responsibilities of each. Examples of documentation include: letters of support, understanding, or commitment and memoranda of agreement that specifically identifies the activities and/or products that will occur as a result of this initiative and the Project Personnel Allocation Table (See Appendix H).

Refer to the Checklist for a complete listing of all components to be included in the application:

Checklist

- Position descriptions for all professional and technical positions for which grant support is requested and any positions of significance to the program that will be supported by other sources. At a minimum, describe the following:

  -- Administrative direction and to whom it is provided;

  -- Functional relationships (e.g., to whom does the individual report and how does the position fit within its organizational area;

  -- Duties and scope of responsibilities;

  -- Minimum qualifications (e.g., the minimum requirements of education, training, and experience needed to do the job);

-- Position descriptions reflect the functional requirements of each position, not the particular capabilities or qualifications of given individuals.

-- Each position description should be separate and must not exceed two pages in length.

- Curricula Vitae -- Include vitae for key staff. Key staff includes Project Director/Coordinator and other relevant staff. Each curriculum vitae must not exceed two pages and should be placed behind the appropriate position description.

APPENDIX G - Checklist For Competitive Application FY 2000

SUBMIT 1 ORIGINAL, INK-SIGNED APPLICATION AND 2 SIGNED COPIES, ALL NUMBERED AND UNBOUND (FOR EASE OF COPYING). INCLUDE THE FOLLOWING:

1. ____ Letter Of Transmittal
2. ____ Table Of Contents For Entire Application With Page Numbers

Budget Information

3. ____ SF 424 Application For Federal Assistance
4. ____ Checklist Included With PHS 5161-1, (Page 23) *Application Kit*. Provide The Name, Address, And Telephone Number For Both The Individual Responsible For Day-To-Day Program Administration And The Finance Officer.
5. ____ SF 424A Budget Information--Non-Construction Programs
6. ____ Budget Justification

   (Includes The Narrative, Supplemental Sheets and Key Personnel Form,-

   See Appendices D and E)

Federal Assurances

7. ____ Intergovernmental Review Under E.O. 12372, If Required By State
8. ____ SF 424B Assurances--Non-Construction Programs
9. ____ Department Certification (45 CFR Part 76)
10. ____ Certification Regarding Drug-Free Workplace Requirements
11. ____ Certification Regarding Debarment and Suspension
12. ____ Lobbying Certification
13. ____ Public Health System Impact Statement

Description Of Program

14. ____ Project Abstract, Maximum Of Four Pages (See Appendices A and C)
15. ____ Project Narrative, Maximum Of 40 Pages
16. ____ Project Appendices

{ This Page Intentionally Left Blank }

Appendix H - Project Personnel Allocation Table

Project Title: _____ Project Director: _____

Budget Period: _____ to _____ Project Year: _____ State: _____

(1, 2 ,3, 4, or 5)

Objectives and Approaches	Staff and Consultants by Title; Include Person Days for Each									